APPLICATION FOR VARIANCE

TOWN OF SPRINGFIELD • 6157 CTH P • DANE, WI 53529 PHONE (608) 849-7887 • <u>www.town.springfield.wi.us</u>

PERMIT #:			
Permit Fee: \$			Fee Paid: 🗖
Approved By:			
Approval Date:	/	/	

GENERAL INFORMATION					
APPLICANT NAME					
MAILING ADDRESS					
DAYTIME PHONE #	EMAIL				
Property Address:					
Legal Description of Property (Name of CSM, Subdivision, Block and Lot):					
	Section:				
Tax Parcel Number:					
Lot Area and Dimensions:					
Existing/Proposed Zoning District:					

EXISTING AND PROPOSED USES				
Current Principal Use:				
Accessory or Secondary Uses:				
Proposed Use:				
Ordinance section from which variance is being sought:				
What specific departure from the ordinance is being proposed (refer to the standards of the ordinance)?				
Have you been granted any variances in the past for this property?				
□ Yes □ No If yes, describe:				
Names of adjoining property owners, if known:				

Address each of the following criteria for granting a variance.

1. Unnecessary hardship is present because:

2. Unique features of this property prevent compliance with the terms of the ordinance; they include:

3. A variance will not be contrary to the public interest because:

PLANS TO ACCOMPANY APPLICATION

Applications for permits shall be accompanied by drawings of the proposed work, drawn to scale with all dimension figures, showing accurately property lines, easements and required building setbacks, the size and exact location of all proposed new construction and its relationship to other existing or proposed buildings or structures on the same lot, and other buildings or structures on adjoining property, within 15 feet of the property lines. In the case of demolition, the plot plan shall show the buildings or structures to be demolished and the buildings or structures on the same lot that are to remain.

If relevant to the variance request, the plan should also show contour lines (2-ft interval), the ordinary high water mark, floodplain and wetland boundaries, utilities, driveways and streets (include street names), and the location of filling/grading and/or erosion control measures.

CONDITIONS

The Town of Springfield Zoning Ordinance authorizes the Board of Zoning Appeals to place conditions on approved variances. Please keep this in mind and supply ALL pertinent information. If the variance is granted, no construction shall begin until a building/zoning permit has been issued.

APPLICANT STATEMENT

I, the undersigned, do hereby make an application for a variance for work described and located as shown herein. I agree that all work shall be done in accordance with the requirements of the Town of Springfield Zoning Ordinance and with all other applicable ordinances and the laws and regulations of the State of Wisconsin. I declare that the information that I am supplying is true and accurate to the best of my knowledge and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application, I am also granting permission to the Zoning Department Staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.

PRINTED NAME OF APPLICANT(S)

SIGNATURE OF APPLICANT(S)

DATE

TO BE COMPLETED BY THE TOWN OF SPRINGFIELD

Date Filed:

Date Fee Received by Town:

Date Set for Board of Zoning Appeals Hearing: